Saskatchewan
Health

Mental Health
Approved Home Program

Operator Manual

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Section One

What is a Mental Health Approved Home?

A Mental Health Approved Home (referred to in the remainder of this manual as an approved home(s)) is a home licensed under *The Mental Health Services Act* and operated under the policies and procedures of the Mental Health Approved Home Program. Approved homes provide residential services to persons with mental illness or psychiatric disorders.

An approved home can become a home if it can generate a positive, nurturing atmosphere for residents. These feelings include:

- feeling safe from physical and psychological harm;
- feeling accepted by others;
- feeling free to express oneself;
- feeling understood.

Approved homes strive to foster these feelings of home and family within the hearts of a group of strangers. It can be done – the key factor is how a person feels about the home.

History of Mental Health Approved Homes

Saskatchewan became a province in 1905 and for the first ten years seriously mentally disordered or mentally deficient persons were sent to Manitoba Hospital at Brandon. One of the first major projects of the new provincial government was to build a mental hospital. In 1914 Saskatchewan Hospital North Battleford received a trainload of 346 Saskatchewan patients returning from Brandon. In 1921 a second large mental hospital was opened at Weyburn. For 50 years these institutions were the main centres for the treatment and control of mental illness and mental retardation. Chronic overcrowding was relieved temporarily by building expansions. By 1950 there were 4,000 residents housed in these two large facilities. Unfortunately, conditions for patients and staff were often oppressive and dehumanizing. Trained doctors and nurses were few in number, and treatments were often crude and ineffective.

The discovery of psychotropic drugs and the growing spirit of social reform after World War II began to have an influence on the mental health field. By the early 1960's, emphasis shifted from institutional care to rehabilitation and community psychiatry. New professions such as psychiatric nursing, social work and psychology began to have an impact. The futuristic 1961 Mental Health Act in Saskatchewan created a regional system of service delivery, rejecting the use of large mental hospitals as the focus for psychiatric treatment. People in need had services extended to them in their home communities. Within ten years huge patient reductions were achieved at Saskatchewan Hospital North Battleford. The Weyburn Mental Hospital was closed as a psychiatric facility in 1971. Mental health services have now become one of the core services available in each regional health authority in Saskatchewan, with inpatient units in the larger centres and over 100 smaller clinics across the province.

Saskatchewan received high praise and international recognition for its revolutionary community-based mental health program. Considerable credit for this positive change was due to the Mental Health Approved Home Program that was established in 1966. Since this time, thousands of psychiatric hospital patients and mentally challenged persons have returned to the community via the approved home route. The Mental Health Approved Home Program today and in the future remains the backbone of the residential program in the mental health field. There are over 700 residents living in approximately 250 homes province wide. The Mental Health Approved Home Program falls under the mandate of *The Mental Health Services Act*. For many residents their approved home has become their home, and the operator and family have become their family. Visitors from other countries have been impressed with the size, strength and benefits of the Mental Health Approved Home Program – a program in which all take great pride.

Goal of the Mental Health Approved Home Program

The goal of the Mental Health Approved Home Program is to provide family living for persons who need it. Homes and operators are selected with this purpose in mind. The house must be the principal residence of the operator, meet health and fire requirements, as well as offer adequate space and the freedom to use the home's amenities. The operator must be of suitable character, must be reliable and responsible, willing and able to help guests in the home with emotional support and to provide supervision and legal trusteeship and advocacy when needed. Good food, medication management, self-help, skill teaching and encouragement are all important aspects of an approved home.

Who are the Residents?

The residents of the Mental Health Approved Home Program are adult persons who face serious challenges as a result of mental illnesses such as schizophrenia, bipolar disorder, depression and other psychiatric disorders. They may also have an addiction or legal problem. These challenges make independent living difficult. Medications (injections and/or pills) are often helpful in controlling the symptoms of these illnesses. For these medications to work best, good nutrition and regular meals are necessary. Approved homes provide an effective halfway stage between hospital care and a self-reliant life. The approved home combines a low stress living environment with daily mental state monitoring.

The largest group of persons in approved homes has severe mental illness or a disorder that has remained active for at least one year and often several years. The illness or disorder can cause moderate to severe functional disabilities such as:

- low stress tolerance;
- lack of concentration;
- confusion;
- overwhelming emotions;
- poor judgement;
- learning problems.

Persons with a mental disorder or illness frequently have difficulty in finding and maintaining their own accommodations. Some of their difficulties include:

- lack of money;
- lack of experience;
- lack of organizing skills;
- lack of self-care capacities;
- lack of support from other persons.

As a result, approximately 50 percent of adult persons with severe and persistent mental disorders are forced to live with or depend on parents, brothers, sisters or spouses. The tensions and pressures often make life difficult for everyone involved. Many others require sheltered and supportive living arrangements.

Guidelines and Procedures for Opening a Mental Health Approved Home

Selecting and Approving a Mental Health Approved Home

There are two main considerations in selecting and approving a home: 1) operator's suitability and 2) home suitability. Among the many factors taken into account to determine an operator's suitability are physical and mental status, relevant experiences, personality, reliability, age, family circumstances, competency and expectations.

The operator must also:

- be a suitable, reliable and responsible person who is able to provide supervised accommodation for persons because of their mental illness;
- be willing and able to act as a trustee for residents when required;
- be willing to participate in educational activities as required;
- provide for the basic needs of each resident which includes food, shelter, safety, privacy and the promotion of social relationships;
- be capable of communicating verbally and in writing in the English language.

The Mental Health Services Act defines the physical requirements of the house as:

- being the principal residence of the operator;
- passing fire, health and municipal building standards;
- providing reasonable privacy, sleeping space and recreational space;
- being equipped with adequate furnishings and accessories for each resident;
- being licensed for a maximum of five residents;
- being open to visits and inspections by regional health authority officials and staff.

Procedure for Certifying a Mental Health Approved Home

All applications are made through the residential coordinator for the Mental Health Approved Home Program in each regional health authority. The coordinator will inspect the home and interview the person making the application. Final approval of approved homes is the responsibility of Saskatchewan Health. All newly certified operators will be on probation for the first year.

The following documents must be completed before certification can occur:

- application form;
- floor plan of the home prepared by the applicant;
- fire inspector's report;
- health inspector's report;

- criminal record check prepared by the police and completed within the previous six months for each adult 18 years or older residing in the home;
- Certificate of Approval.

The residential coordinator sends all completed applications along with the above-mentioned documents including positive and/or negative recommendations to Saskatchewan Health. Saskatchewan Health will then determine eligibility. The Certificate of Approval is signed by the director of mental health services.

There may be a fee for health and fire inspection reports and criminal record checks. This fee is the responsibility of the person making the application.

Maintaining your Licence

Once the Certificate of Approval has been signed and in order to maintain the licence, an operator must:

- continue contact with the residential coordinator, case manager and become familiar and follow current policies and procedure;
- participate in required training and educational sessions;
- participate in the annual review process;
- comply with any conditions on the licence.

Decertification

The director of mental health services may suspend, amend or revoke a Certificate of Approval. The reasons for decertification may include:

- the operator requests it;
- the operator does not meet the requirements of *The Mental Health Services Regulations*;
- the residence does not meet physical requirements;
- the operator retires;
- the operator physically, sexually or verbally abuses the residents;
- the operator dies;
- the spaces in the residence are not utilized;
- there is a continuous breach of policies.

Decertification of an approved home is initiated by the residential coordinator by completing an Approved Home Program Decertification Form and forwarding it to Saskatchewan Health for final consideration.

The residential coordinator shall inform the operator of the recommendation to decertify and provide information regarding the review process.

Section Three

What does a Mental Health Approved Home Operator Need to Know?

Becoming an approved home operator is the beginning of an intense learning experience. Much of this learning will be on-the-job training. Most operators have raised families or are currently raising children and this kind of experience is an excellent beginning. All approved home operators are experienced home managers and homemakers. The challenge of family making with a group of strangers is not a decision to be taken lightly. However, most operators who are seriously interested in people and in helping others will succeed.

In the mental health field, having lived in a family with a disabled person is an advantage. Life experiences can be an asset. Many residents have faced these problems in their own life and may have been rejected and misunderstood because of them. An approved home operator needs a sense of humour, must be understanding, patient, quick thinking and respectful.

Administration and Management

The approved home operator is not alone on the job. There are many people involved in the psychiatric rehabilitation process. The following persons all have a role to play in supporting the Mental Health Approved Home Program.

Director of Mental Health Services

The director of mental health services is appointed by the Minister of Health and is an employee of Saskatchewan Health. The director is legally responsible for the Approved Home Program. His/her name appears on the Certificate of Approval, and he/she is ultimately responsible when issues of decertification arise.

Residential Coordinator

At the local level, the regional director of mental health and the residential coordinator carry the administrative responsibility. The residential coordinator's responsibilities include:

- screening applicants;
- ensuring that health and fire inspections and criminal records checks have been completed;
- ensuring that all relevant information regarding the Mental Health Approved Home Program is provided to the operator;
- compiling and submitting required statistical information about the Mental Health Approved Home Program;
- establishing workshops, seminars and training sessions for operators of the Mental Health Approved Home Program;
- conducting resident and operator reviews;
- ensuring orientation and all relevant information regarding the Mental Health Approved Home Program is provided to the operator.

The residential coordinator monitors the quality of service provided by the operators of approved homes by:

- ensuring the appropriateness of placements to the approved home;
- ensuring that levels of care have been assigned and a rate of pay has been established;
- conducting a semi-annual review of levels and quality of care given to residents in the approved home;
- investigating and evaluating all incidents in approved homes;
- chairing the Residential Services Advisory Committee meetings for the Mental Health Approved Home Program;
- designing and implementing evaluation systems for assessing the adequacy of services provided by the operator and quality of care to the residents;
- developing and coordinating resources and services as needed by the Mental Health Approved Home Program.

Community Mental Health Nurse/Case Manager

The community mental health nurse/case manager is responsible for treatment planning and ongoing resident management that may include:

- developing a treatment plan and setting rehabilitation goals with the resident;
- monitoring the resident's mental state;
- giving injection type medications;
- meeting with the resident on a regular basis;
- providing information about the resident to the approved home operator;
- coordinating services and programs for the resident.

Psychiatrist

The psychiatrist is responsible for the diagnosis of mental illnesses and disorders and carries out medical and psychiatric treatment including:

- reviewing and prescribing medications;
- monitoring the resident's mental state on a regular basis;
- participating in treatment planning;
- admitting to and discharging from hospital.

The approved home operator is part of the rehabilitation team working in cooperation with psychiatrists, community mental health nurses, social workers and other service providers. The operator is frequently the communication link among team members.

Psychiatric Rehabilitation Program

The Psychiatric Rehabilitation Program is a distinct part of the overall mental health system. It is available to all regional health authorities and works in cooperation with other mental health programs (the Adult Community Program, Psychiatric Inpatient Program and the Child and Youth Program) as well as other community resources.

The Mental Health Approved Home Program is part of the Psychiatric Rehabilitation Program's residential services along with group homes and independent or apartment living.

The Psychiatric Rehabilitation Program serves persons with long-term psychiatric disabilities, a group that has often fallen through the cracks and has difficulty receiving services. The Psychiatric Rehabilitation Program uses a community partnership model that includes direct services delivered by local mental health clinics as well as services delivered by third party arrangements with community agencies serving persons with long-term psychiatric disabilities.

The Psychiatric Rehabilitation Program includes:

- intake, orientation and assessment;
- case management;
- residential services;
- prevocational/vocational programs;
- shared management;
- 24 hour emergency response;
- coordinating councils;
- family education and support education;
- family support and rehabilitation program (contractual services).

The Mental Health Services Act

The Mental Health Services Act of Saskatchewan:

- provides the Minister with a mandate to provide mental health services directly or in cooperation with others;
- establishes an administrative structure (regions, regional directors, facilities, officers in charge, chief psychiatrist);
- establishes Saskatchewan residents' eligibility for services;
- affirms general rights and obligations (including the general right to request, consent and refuse treatment);
- provides authority for exceptional powers to be exercised by physicians, psychiatrists, police officers, judges and certain officials to apprehend, detain, convey, examine and treat persons without their consent in exceptional circumstances;
- establishes a system of safeguards to prevent or rectify abuse or misuse of these exceptional powers;
- establishes official representative services to assist patients in understanding their rights and obligations when they have been apprehended, detained or treated without their consent;

- establishes review panels to investigate appeals submitted by persons pursuant to *The Mental Health Services Act* against involuntary detention (inpatient and Community Treatment Orders), transfer and treatment;
- requires that resident information be kept confidential except in accordance with rules established in the Act and regulations;
- provides the authority for the establishment of the Mental Health Approved Home Program and gives the director of mental health services the authority to issue Certificates of Approval.

Rates of Payment and Levels of Care

The assessed level of care required by the resident determines the rates paid to the approved home operator. The resident's case manager and the residential coordinator determine the resident's level of care. The approved home operator may appeal the assessed level through a process that is established in each regional health authority. The rates of payment are determined by the Government of Saskatchewan and no changes to the rates can be negotiated by the operator. The rates are changed from time to time and approved home operators will be informed of the new rates.

The majority of residents have the following sources of income:

- Saskatchewan Assistance Plan (SAP);
- Old Age Security;
- Guaranteed Income Supplement;
- Canada Pension Plan Disability or Retirement Benefits;
- Veterans Affairs;
- Indian Affairs;
- private pensions;
- own funds;
- a combination of the above.

If an approved home operator becomes aware of any change to the financial situation of the resident, the case manager or residential coordinator must be advised to ensure ongoing payments. For example, if a resident is changing from SAP to OIS/GIS, CPP Disability, receiving an inheritance or becoming employed, the residential coordinator must be notified.

Appeals Procedure

The approved home operator has a right to appeal issues and concerns. Saskatchewan Health has legal authority to make all final decisions regarding the Mental Health Approved Home Program. However, every effort will be made to address and resolve issues and concerns of the approved home operators at a local level.

Residential Services Advisory Committee

- Each regional health authority will have an advisory/review committee to help in the interpretation of the regulations/policies and the resolution of disputes that may be experienced by the operators, residents or regional health authority staff.
- The committee may consist of three or more members who are appointed by the regional director of mental health or designate.

Procedure (Saskatchewan Health Approved Home Program Policies)

- Where the operator or his/her representative feels that a concern has not been adequately met, the operator should:

1. contact the resident's case manager;
2. if the issue is still not resolved, the operator may contact the residential coordinator of the Mental Health Approved Home Program;
3. if the issue is still not resolved, the operator may contact the rehabilitation coordinator and present the case;
4. the operator and the rehabilitation coordinator may by mutual agreement ask that the issue be referred to the Residential Services Advisory Committee. The committee will review the issue and advise the Saskatchewan Health director of mental health services;
5. if the issue is still not resolved, the operator may contact the regional director of mental health services;
6. if still not resolved, the operator may contact Saskatchewan Health.

At any stage in the above process, the operator or the regional health authority officials may request that the issue be referred to Saskatchewan Health.

The residential coordinator of the Mental Health Approved Home Program may involve the assistance of the Residential Services Advisory Committee with the annual review/audit of the Mental Health Approved Home Program in the regional health authority.

Taxes and Home Insurance

All Canadians are required to report their total income each year regardless of the source, for example, wages, self-employment, interest, Employment Insurance, etc. If you have questions about taxation, contact your nearest Canada Revenue Agency.

Approved home operators are responsible for their own home insurance. Contact an insurance agent and the Saskatchewan Approved Private Homes Inc. for advice to ensure you have appropriate coverage for your situation.

Challenges and Rewards

For approved home operators, having a house full of strangers, each with their own personalities, special needs and disabilities, creates a particularly challenging situation. Not all of the problems to be faced are due to residents in the home and their illnesses—some come from the health system, others from family members or the community. The challenges identified by approved home operators include:

- lack of personal privacy for self and family;
- hard to get away for outings and holidays;
- lack of information about residents;
- unappreciative residents;
- lack of support from professional staff;
- amount of work involved;
- smoking—amount, danger, damage, begging and cost;
- family avoid and ignore residents;
- hassles with other agencies;
- behaviour problems, alcohol and drugs;
- lack of activities and programs for residents;
- getting residents out of the house and keeping busy;
- extra challenging residents;
- tragic events such as deaths, suicide attempts, etc.;
- challenges finding suitable and affordable relief help;
- disruptive behaviour by others.

Along with the challenges that the approved home operator may face, there are rewards to be gained. In 1993 approved home operators identified the following rewards they receive from their work:

- seeing residents improve and grow;
- knowing you have contributed to change in a resident;
- learning from other people;
- seeing personal growth and self improvement;
- being able to stay home with the kids;
- learning about mental health problems;
- earning an income for myself and family;
- enjoying good times with my people;
- receiving thanks and appreciation;
- being part of a team effort;
- creating a family feeling and home atmosphere.

Basic Rights of the Mental Health Approved Home Operator

Respect

The approved home operator has the right to be respected by all the residents in the home and not be subjected to verbal or physical abuse or threats of abuse. Personal threats to Approved Home Program operators and their families will not be tolerated.

Privacy

The approved home operator has the right to privacy including maintaining his/her own bedroom and personal property as off limits to residents.

Schedules

The approved home operator has the right to be informed by the resident of his/her schedule and activities and to know when he/she will be away for meals or coming home after regular hours.

Information

The approved home operator has the right to receive all the appropriate information concerning the residents in the home.

Refusal of Residents

The approved home operator has the right to refuse any resident for placement into his/her home.

Mental Health Team

The approved home operator shall be treated as a member of the **mental health treatment team**, with valuable knowledge about residents that needs to be considered when treatment decisions are made.

Retirement

The recommended age of retirement is 65 years of age.

Section Four

How Do Residents Get Placed in a Mental Health Approved Home?

All placements of residents must be done under the direction of the residential coordinator. The final decision regarding any placement or separation in an approved home remains with the resident and the operator in consultation with the treatment team. There is no guarantee that vacancies will be filled, placement is based on the needs of the resident and the other residents. The residential coordinator acts as a consultant to the treatment teams, having knowledge of the type of available homes and care provided in each home.

Seven Step Procedure for Resident Placement

Step 1: The resident is assessed by the mental health treatment team using the following criteria:

- the resident is registered with the regional health authority Psychiatric Rehabilitation Program;
- the resident requires an assessed level of supervisory care;
- the resident is on active follow up with an established case manager;
- the resident has established rehabilitative goals;
- the resident is eligible for the Saskatchewan Assistance Plan or has some other means of support.

Step 2: The treatment team and residential coordinator of approved homes consult regarding the specific resident to be placed. The residential coordinator is responsible for providing a list of available homes and the type of care offered. Placements will depend on the following:

- all inappropriate behaviour must be under reasonable control;
- active programming in the home and community is in place to reduce inappropriate behaviour of a resident;
- an approved home that can meet the care needs of the resident is available;
- the operator has a clear understanding of what is expected and the level of compensation they will be receiving.

Step 3: Wherever possible, a prior visit or several visits by the resident to the approved home is advisable. Discussion with the resident after a visit will assist in determining the suitability of the placement.

Step 4: The approved home operator must be made aware of all behaviour that might be encountered from the resident in the home. Prior to any placement, the operator's specific role and responsibilities regarding the resident must be fully discussed with the operator and the family. This information should also be noted in the service agreement.

Step 5: Financial arrangements should be made prior to placement by the residential coordinator. In cases where finances are provided by the Saskatchewan Assistance Plan, the application form must be completed in advance of the placement and no later than the

date of the placement. The case manager will complete the Daily Living Support Assessment.

Step 6: A Mental Health Approved Home Service Agreement will be provided to the operator. The agreement is to be completed and updated as necessary for every resident placed in an approved home. This agreement serves as a means of providing necessary information about the resident to the home operator. Confidential information will be included in the agreement. The "Care Required" section will indicate the specific responsibilities of the operator as well as the type and amount of care that the resident requires.

Step 7: The case manager will provide follow up in the community.

Procedure for Increasing the Number of Beds

- The approved home operator discusses the proposed change with the residential coordinator.
- The approved home operator draws up a new floor plan.
- The approved home operator obtains a new fire inspection report.
- A Criminal Record Check form needs to be completed on persons living in the home who are 18 years of age and over, if one hasn't previously been completed.
- The residential coordinator checks and reassesses the space available in the approved home in order to determine whether it meets the requirements set forth in the Mental Health Approved Home Program Policies and *The Mental Health Services Regulations*.
- The residential coordinator sends a new Certificate of Approval along with a new floor plan and fire inspection report to Saskatchewan Health.

Residents Leaving the Mental Health Approved Home

The approved home operator has the right to decide who will live in his/her home and under what conditions. However, potential residents often do not fit the ideal model, and compromises and trial periods are sometimes necessary on both sides.

There are many reasons for residents deciding to leave an approved home:

- conflict with the operator or other residents;
- not satisfied and want to move for no apparent reason;
- desire to move into his/her own apartment or home;
- return to live with family;
- become ill and are hospitalized;
- mental health staff advise separation;
- difficult physical and medical problems.

There are also many reasons why approved home operators ask residents to leave:

- behaviour problems;
- refusal to obey house rules;

- disturbing other residents;
- active psychiatric symptoms;
- fire hazard from smoking;
- non-compliance with medications;
- difficult physical and medical problems;
- interfering family and friends;
- disruptive behaviours;
- drinking and substance abuse;
- resident being incarcerated.

The resident who leaves an approved home is required to give thirty days notice in writing. When thirty days notice is not given by the resident, including the death of the resident, the operator is entitled to payment at the current rate for thirty days after the notice has been given.

The operator is required to give thirty days notice to a resident who is asked to leave. The operator must also give thirty days notice to the residential coordinator. If the operator agrees to refund the remainder of the month's payment, the thirty days notice can be waived.

In the event the space is filled prior to the thirty days by another resident, payment for the original resident will stop.

Temporary Absences of Residents

A resident who is hospitalized or on holidays is considered temporarily absent from the approved home. In these cases the following rules apply:

- the operator is entitled to the full rate of pay for the first thirty days;
- the operator is entitled to a half rate of pay for the next thirty days.

Roles, Responsibilities and Duties of the Mental Health Approved Home Operator

Family Living

The operator's need for privacy is important. This can be achieved with very little actual exclusion of the approved home residents. Providing a family living experience shall include:

- residents eating and participating in conversation at the family meal table;
- residents participating in special events of the household such as at Christmas, family picnics, birthdays, etc.;
- residents being involved in light domestic routines together with family members, such as house chores. These chores are not compulsory but are an opportunity to increase the sense of belonging and making a useful contribution.;
- residents watching and discussing TV programs and current events with the family;
- residents joining the family in music appreciation, card or table games, etc.

In approved homes, teasing and order giving by family or other residents are not to be tolerated. Screaming, derogatory name-calling and physical abuse are not allowed.

It is important for residents to feel at home in their bedrooms. A display of family pictures, chosen paintings or artwork, plants, knick-knacks, curtains, bedspreads and other personal touches all enhance these feelings. Rooms that lack decorations may appear impersonal. You may have to encourage your residents to purchase modest personal possessions such as a clock, radio, dresser ornaments or photograph albums.

Trusteeship

1. What is a trustee?

   - A trustee is someone who is "entrusted with the care of someone's property, money or estate."
   - This should not be confused with giving consent for medical treatment.

2. Sometimes the approved home operator will be asked to be a trustee. What does that mean?

   - It means that the approved home operator is responsible for or has been "entrusted" with the care and management of some of the resident's money.

3. Are there different ways by which a person is made a trustee?

   - Yes. Different agencies have different methods for making a person a trustee for residents.

4. What agencies may appoint an approved home operator as a trustee?

- The Office of the Public Trustee (Administrator of Estates)
- Old Age Security Division - Government of Canada
- Department of Community Resources and Employment (formerly Department of Social Services) - Province of Saskatchewan
- Department of Veterans Affairs
- Department of Indian Affairs
- Workers Compensation Board

Responsibilities of a Trustee

If you are appointed as a trustee by any of the above agencies, your responsibilities under the agency will be given to you in detail at the time of the appointment. If a resident is receiving money or property that would affect his/her right to receive benefits under the Saskatchewan Assistance Plan, the information must be reported to the resident's financial worker.

Record Keeping:

1. When an approved home operator is appointed as a trustee for a resident, a Trustee Record of Resident Funds must be kept and made available upon request by the resident, case manager, residential coordinator or funding agencies (see Trustee's Accounting Report, Appendix A).

2. A record does not have to be kept of how the money is spent by the resident.

3. The trustee is only responsible for the money that is entrusted to them by the funding agency. They are not responsible for any other monies or properties of the resident.

Education and Training

The residential coordinator conducts workshops several times a year. These workshops are intended to help you with your work and all operators must attend at least one session per year. Effective April 1, 2005, all new operators are required to have a Standard First Aid Kit and within one year obtain a certificate in First Aid, Safe Food Handling course and CPR Level A and remain current. All current operators are required within two years of April 1, 2005 to obtain a certificate in First Aid, Safe Food Handling course and CPR Level A and remain current.

Medications

Helping a resident with medications is a major responsibility for approved home operators. Psychiatric medications are very powerful and dangerous if taken in overdose. The safety of residents and also of children living in the home is a major concern. Most approved home

residents require medications on a regular and ongoing basis. The operator is required to supervise closely whenever residents take their medications to ensure it is taken on time, in the correct amount and swallowed.

The use of 'bubble packs' is recommended. Issues and concerns about medications should be discussed with the case manager.

1. Obtaining Medications:

   Most residents will require medications on a regular basis. In most cases it will be the operator's responsibility to pick up or arrange for delivery of medications. The resident's hospitalization card must be presented to obtain prescriptions. If the residents receive Saskatchewan Assistance Plan funding, they should have a Supplementary Health Service coverage card which is also shown to the pharmacist.

2. Payment:

   The cost of medication is the responsibility of the resident. Most residents on SAP (Saskatchewan Assistance Plan) will have Plan III drug coverage. If not, contact the case manager to clarify the resident's coverage. Plan III provides all drugs under the Drug Plan at no cost including the dispensing fee. The operator will be required to show the Plan III card if the prescription is being filled for the first time.

   If the resident is legally incompetent and the Public Trustee manages his/her financial affairs, the pharmacy can bill the Public Trustee directly.

   If the resident is a pensioner or has funds from some other source, he/she will be responsible for the total drug costs. In this situation, complete a Drug Plan Special Support Program Application which is available at all pharmacies. This will reduce the deductible according to his/her annual income.

3. Storage:

   All prescribed medications, over-the-counter drugs, natural remedies and vitamins, including those of the family, **must be kept in a locked space.** Many of these medications, if taken by children, can cause death. Residents would also be at risk if they took medications by mistake.

4. Medication Supervision

   Do not alter the dosage of medication prescribed unless directed to do so by the resident's doctor or the community mental health nurse.

   All PRN (whenever necessary) orders shall be discussed with the case manager or psychiatrist.

5. Emergencies (overdose or adverse reaction):

Contact doctor immediately and follow the instructions. If this is not possible, call 911, the ambulance or go directly to the emergency room at the local hospital.

6. Blood work:

   It is essential that you ensure the resident keep his/her appointments for blood work.

7. Family physicians:

   Make certain that the resident's family physician is familiar with the drugs the psychiatrist has prescribed and advise the mental health nurse about drugs ordered by the family physician.

8. Records:

   Keep a record of all medications the resident is receiving from both psychiatrist and family physician and have that information available for all medical appointments.

9. Over-the-counter medications:

   Review the use of all over-the-counter medications with case manager and doctor.

10. Leaving the approved home:

    Ensure that the resident's medications are given to the case manager when the resident leaves your approved home.

11. First aid:

    All approved homes are expected to have a Standard First Aid Kit.

12. Medication information

    Pharmacists are an excellent source of up-to-date information on medications and interactions. Always confirm recommendations with the case manager.

    The use of herbal medications and all over-the-counter medications should be discussed with the resident's doctor.

Nutrition

Meals should provide a well balanced diet that follows the Canada's Food Guide for Healthy Eating. Meals should include some variety and reflect the likes of your residents. Meals should be eaten together with the family whenever possible. This is an opportunity to interact with your residents. Meals will not be withheld for any reason unless this has been discussed with the resident's case manager.

Nourishing lunches will be provided for residents who attend day programming away from the approved home. Where meals are provided by the day programming agency at a nominal cost, this cost is the responsibility of the approved home operator. Snacks should be provided and offered to residents.

Dress

Each operator is responsible for ensuring that his/her residents have neat and clean clothing that is appropriate for the season. Careful planning and budgeting is required to ensure that necessary funds are available when the need for additional clothing arises. An attempt should be made to ensure that clothing purchased is appropriate for the age of the resident and is also somewhat fashionable. Input from the resident when making purchases is important. Difficulties encountered in this area should be discussed with the case manager.

Personal Hygiene

Each resident should be encouraged to take responsibility for his/her own personal hygiene. This process may involve a considerable amount of teaching during the initial stages. The resident will not be restricted on the number of baths or showers allowed per week. Regular brushing of teeth should be encouraged when the resident is negligent or reluctant in this area.

Recreation

All approved homes should have a room of reasonable size for socializing. This should be a room that is shared with the family. It should have a television set as well as games and reading material. All approved homes should have an outdoor recreation area for summer activities. All operators should encourage participation in recreational opportunities sponsored by outside agencies, camps, suppers, etc.

Spiritual Needs

Every resident should have the opportunity to attend the religious services and celebrations of his/her choosing without any influence from the approved home operator. If there is a conflict with the operator's beliefs, the treatment teams will be notified and alternative arrangements will be made. All religious items belonging to the resident should be treated with respect. Opportunities to participate in religion related social functions should be encouraged.

Transportation

It is the approved home operator's responsibility to provide transportation to medical appointments including family physicians, psychiatrists and other health professionals and social

and recreational events including family visits within a reasonable distance. Other transportation requirements will be specified in the service agreements.

Medical

The approved home operator is responsible for the physical well being of the residents in his/her home and shall ensure that every reasonable effort is made to provide the best medical care available. The following is a list of guidelines:

- all residents should see their psychiatrist at least once a year;
- all residents should have an annual physical from their family physician;
- appointments with the dentist should be made annually or more frequently when the need arises;
- eye examinations should be made every few years or on the recommendations of the family physician;
- when a resident is required to use eyeglasses or dentures, operators should ensure they are worn on a regular basis and the resident knows how to look after them;
- maintain an accurate medical record for each resident.

The approved home operator should notify the case manager when a resident is hospitalized:

- the operator should maintain contact with the resident throughout his/her hospitalization. At times it will be necessary to bring clothing and funds;
- if the resident is receiving benefits from SAP, the operator should notify the Department of Community Resources and Employment when the admission is longer than one month in duration;
- the operator will receive full pay while the resident is in hospital for the first month and half the regular monthly rate for the next month.

Confidentiality

Unfortunately, there is a heavy stigma associated with mental illnesses and psychiatric services. It is not unusual for residents, their families or even approved home operators to want to hide or play down their connection to mental health. Therefore, don't be surprised if residents are cautious about revealing information about psychiatric histories.

As an approved home operator, you will come to know personal information about the residents in your home. The case manager will give some of this information to you and the resident may confide other information. Any information you learn about the residents in your home must be kept confidential. This information is not to be discussed with any unauthorized person such as neighbours, friends, relatives, other residents or other approved home operators. All operators are required to complete an Oath of Confidentiality.

If you rely on other operators for support or direction, it is acceptable for you to discuss problems, problem solving or methods of coping in general terms. However, a resident's name or specifics that could identify the resident must not be mentioned.

If you are having difficulties with a particular resident, it is best to contact the case manager involved. A call for reassurance or direction does not mean you cannot cope.

In most instances, residents should be encouraged to maintain family relationships. However, personal or confidential information shared with you must not be shared with relatives of that resident without their permission. Encourage the family to speak with the resident directly. If family members request personal information, refer them to the case manager involved.

Emergency Planning

Fire Safety

Fire inspections are now required once every three years. This will place responsibility on you as an operator to ensure that safety standards are maintained.

Fire Safety Checklist

The following checklist aids in providing a safer environment for you and your residents:

- check your smoke alarms on a regular monthly basis and record;
- make certain that you have fire extinguishers placed at strategic locations. Your local fire inspector can determine the type and location;
- make certain that you recharge fire extinguishers as per manufacturer's recommendations;
- draw a fire escape plan and place it in a conspicuous location;
- practice fire drills several times per year;
- clean and service your furnace annually;
- do not allow the furnace area to accumulate clutter;
- make certain that all flammable substances are stored properly and away from the furnace area;
- in the event of a fire, evacuate all residents and call the fire department. Do not re-enter the house to salvage personal belongings.

It is very important to have a plan for specific emergency situations and a list of emergency telephone numbers displayed in a common area of your home.

Missing Resident

If the resident is expected home and you don't know where he/she is:

- remain calm and determine what you think is the appropriate length of time before taking action;

- call your case manager or residential coordinator and inform him/her what has happened;
- contact any service provider your resident may be involved with and explain the situation. If you are the only person in the home, don't go out looking for your resident. Stay home to answer the telephone should the resident or other services call;
- after hours call emergency agencies in your community. Call the police or RCMP;
- document what happens for future reference.

Behaviour Problems

If serious behavioural problems arise, physical punishment should never be used. Consult the case manager or emergency services as to the best approach.

Medical Emergency

- If the situation is extreme, call 911.
- Have personal health number, date of birth and contact information available.
- In moderate situations, call your local hospital or health centre and explain the symptoms and pertinent information. You will be instructed as to what to do and when. You can also call the provincial HealthLine at 1-877-800-0002.
- Contact the case manager, residential coordinator or emergency services.

Abuse

Approved home operators are expected to provide the resident with a healthy, safe and supportive home environment. Abuse in any form shall not be tolerated. Abuse includes physical, sexual, emotional, property, medication, denial of opportunity or neglect.

To reduce the risk of allegations of abuse:

- beware of acceptable ways to respond to situations where the resident may become physically aggressive;
- beware of the indicators of abuse and neglect and report these to the resident's case manager.

The following procedures should be used for reporting abuse:

- an operator who observes or is aware of abuse shall report the situation to the resident's case manager or residential coordinator. Case managers receiving allegations of physical or sexual abuse shall inform the police as soon as possible;
- the alleged victim and other residents may be removed from the home, if necessary;
- operators shall be informed of any allegations of abuse directed at them;
- an investigation shall be conducted by the regional mental health staff and report prepared, except in a situation where the police are involved;
- the operator will be informed of the outcome of the investigation, any decisions and the mechanism for appeal;
- all information obtained during the investigation shall be kept confidential.

Death of a Resident

The sudden unexpected death of a resident could occur where no doctor is in attendance. Should such an event happen in any approved home, the following procedure is suggested:

- stay calm;
- check to see if all signs of life have ceased;
- contact an ambulance immediately, then the police;
- contact the family physician and the case manager. If they are not available, contact the residential coordinator or emergency services in your regional health authority;
- please do not alter or move the resident or the surroundings. The body may be covered with a blanket;
- please understand that the police/coroner will investigate and ask questions. Be as helpful to them as you can;
- the case manager or other designated person will notify next of kin. It is not your responsibility. However, you may choose to contact family members because of your close relationship;
- if other residents are present, please ask them to go elsewhere in the home until the body has been removed;
- please note funeral arrangements are not your responsibility. The next of kin or agencies such as the Department of Community Resources and Employment or Public Trustee will make arrangements;
  Please Note: If you are acting as trustee, you are responsible to contact the appropriate agency (i.e. Department of Community Resources and Employment, Public Trustee).
- under no circumstances should the operator give consent to an autopsy. Ask the case manager for information.

All monies and/or personal property of the deceased resident will be held in trust by the operator until direction is given by the case manager.

Records

You will be expected to keep a record of the following information in a confidential manner. Inactive resident files must be retained for ten years.

- dates of annual physical examinations;
- dental appointments;
- dates of eye examinations or hearing tests;
- dates and times of epileptic or other seizures;
- dates of observed changes in behaviour;
- dates of medication changes;
- dates of any other significant events.

Supervision

Unless otherwise stated by the case manager or residential coordinator, the approved home operator is to provide 24-hour supervision to residents. Alternative supervision plans will be discussed with the resident and the residential coordinator.

Operator's Absence from the Home

You are asked to advise the residential coordinator when you will be away for holidays or overnight. It is necessary to indicate the length of time away and the name of the relief person who will be looking after your residents. Financial arrangements for holidays and respite are the responsibility of the operator.

External Employment

Being an approved home operator is a full-time job in most situations. All external employment by operator shall be discussed with the residential coordinator. Decisions will be based on the number of residents in your home and their care needs.

Relief Personnel

The relief operator must be a suitable, reliable and responsible person who is able to provide supervision for the residents of the home. The relief operator must be over the age of 18. The relief operator cannot be a resident.

The relief operator should demonstrate understanding, respect and a caring attitude, maintain residents' involvement in a family lifestyle and meet their care needs during your absence.

The approved home operator must provide all the instructions/information necessary to ensure the relief operator continues the operation of the home in a satisfactory manner.

Consent

You are not required nor do you have the right to sign consent forms for hospital admission or medical procedures. The resident's doctor can sign these on his own if the resident is unable to sign or if a next-of-kin is not available.

Communicable Diseases

It is the approved home operator's responsibility to inform the case manager if any resident in the home is suffering from a communicable disease. It is also the case manager's responsibility

to inform the operator if a resident has a pre-existing communicable disease before placement or acquires one during placement.

Home Safety

The inside and outside of your home can be made safer for residents by:

- using non-slip surfaces to assist the resident in and out of the tub;
- having sturdy and safe handrails on sides of stairs and decks;
- having non-slip surfaces on stairs and non-slip backs on all floor mats;
- providing proper landings at stairs in front of doors;
- being sure there are no loose floor coverings;
- ensuring hazardous products are safely stored and properly labelled (e.g., cleaning supplies);
- ensuring flammable liquids are not stored in the home or any space or building attached to the approved home;
- ensuring that fluorescent lights have a protective cover in place in case the glass shatters;
- ensuring the maximum temperature of your hot water supply will not cause injury (the temperature should not exceed 40 degrees Celsius);
- ensuring that hallways and stairs are brightly lit and have no clutter;
- ensuring that outside entrances are well lit.

Basic Rights of Residents

Privacy:

A person staying in an approved home should be allowed a reasonable amount of privacy. Like everyone else, residents need time to themselves where they can get away from it all.

Mail:

Mail is personal and private by law. Any mail received in a resident's name is that person's property and is not to be opened by anyone else or withheld by anyone. It may be necessary for mail to be opened in the presence of someone, but the recipient of the mail should be the opener. Outgoing mail also, by law, should not be tampered with or censored in any way.

Visitors:

Residents have a right to receive visitors during reasonable times of day. It is the right of the operator to refuse visiting privileges to anyone who exhibits unacceptable behaviour at the home in consultation with the case manager.

Beverages:

In addition to beverages taken during meals, residents should be allowed beverages at least three times a day, between meals and evenings. Some approved homes have free access to beverages,

but rules must be set for residents who are negatively affected by excessive intake of liquids (i.e., difficulty sleeping, water intoxication).

Meals:

All meals should be provided in a family setting that includes the approved home residents as well as the operator and his or her family.

Access:

Residents should be free to come and go at will from the home between reasonable hours. In such cases where a resident wishes to attend activities which may require the resident to stay away from the home after regular hours, a key or other arrangements should be available. Providing residents with a key is the choice of the operator.

At no time should a resident be locked out of an approved home. Operators must make arrangements that enable residents to have access to the home at all times.

Phone:

Residents should have reasonable access to a phone.

Information on Psychiatric Disorders

Common Diagnoses of Residents

There are dozens of psychiatric illnesses and disorders which disable men and women for shorter and longer periods of time. For persons in the Mental Health Approved Home Program, the most common diagnoses are:

- schizophrenia;
- bipolar disorder;
- depression.

The less common problems are:

- obsessive compulsive disorder;
- eating disorder;
- brain injury;
- mentally ill and mentally challenged combined.

The identification and naming of a specific illness or disorder is called a diagnosis. It is an extremely complex process requiring consideration of physical, mental, social, cultural and environmental factors which affect human behaviour.

Each illness has its own particular symptoms and behaviour patterns. Medications are often used as part of the treatment. Operators are encouraged to learn as much as possible about each illness by:

- talking with each resident;
- talking with family members;
- talking with other approved home operators;
- asking professional staff;
- reading;
- attending educational seminars and conferences.

Specific Problems Related to Mental Illness

Relapse or Return of Symptoms

Description of Behavior	Causes	Strategies to Help
Changes from usual behavior; seeing return of symptoms; seeing return of unhealthy patterns	Refusal to take medications; increased stress; biological changes; alcohol or drug abuse	Be aware of early warning signs; develop a plan of action; discuss illness with resident, doctor or family use stress management techniques (i.e., self awareness, breathing exercises, healthy lifestyle) Always consult case manager when determining the best strategies to help

Medication Management and Treatment

Description of Behavior	Causes	Strategies to Help
Refuses to take medications; forgets to take medications; suspicious of medications	Increased illness; denial of illness; poor memory/concentration regarding illness; stigma of mental illness -- need for medications; side effects	Constant reminders; discuss importance of medications; be empathetic; enlist the help of professionals; request professional to monitor medications; learn about side effects of medications and how to reduce the impact; encourage resident to take responsibility for medications; learn about the early warning signs of relapse

Self-Destructive/Suicidal Behaviour

Description of Behavior	Causes	Strategies to Help
Carelessness; suicidal plans; talking of wishing to die; saying goodbye; giving away possessions; sudden upswing in mood; talk of *you'd be better off without me*	Depression/hopelessness about the future; psychotic illness; tragic life event	Contact the case manager; listening; re-affirm acceptance of resident; talk about damage and pain to others; talk about hope; contact doctor/hospital; have a safety plan of whom to call; identify risks and remove if possible

Social Withdrawal and Isolation

Description of Behavior	Causes	Strategies to Help
Social withdrawal and isolation	Depression; psychotic illness; fears; phobias	Active involvement of client in family and social activities; acknowledge need for some *time out*; initiating activities which are special to client (bowling, fishing); encourage attendance at self help groups; acquire a pet; accept reinvolvement at a very slow pace; acknowledge limitations of illness

Under Activity

Description of Behavior	Causes	Strategies to Help
Underactive; lack of motivation; laziness; oversleeping	Depression; anxiety; negative symptoms of mental illness; physical illness	See social withdrawal

Hygiene and Appearance

Description of Behavior	Causes	Strategies to Help
Poor hair and body care; dirty and disheveled clothing; inappropriate about dress	Depression – low self esteem; decreased awareness of surroundings; decreased awareness of impact on others; psychotic beliefs regarding cleanliness	Gentle reminders; focus on what resident does well; demonstrate hygiene/cleanliness; buy new cloths, soap etc.; do hair washing for them

Antisocial and Aggressive Behaviour

Description of Behavior	Causes	Strategies to Help
Physical abuse; verbal abuse; inappropriate demands i.e. borrowing; avoiding guests	Anger; psychosis; perception of past harm	Talk about behaviors in calm manner; be firm and clear about expectations; reinforce limits on a regular basis; tolerate behavior that is not dangerous; tell resident that you are frightened; humor; rewards for good behavior; remove yourself and residents from personal harm Call the police. Consult the case manager

Bizarre and Abnormal Behaviour

Description of Behavior	Causes	Strategies to Help
Behavior that is uncharacteristic of the resident	Relapse of illness; ongoing symptoms of illness	Consult case manager Sit down and talk calmly, listen to resident's concerns; be firm about inappropriate behavior, without threats or anger; request medication review or hospitalization; refuse to discuss bizarre beliefs; humor; live with behaviors that are not dangerous; distract client with activities

Poor Judgement

Description of Behavior	Causes	Strategies to Help
Impulsive buying; risky behavior i.e. poor choices in companions, reckless driving; inappropriate disclosures	Mania; delusions; frustrations; apathy	Make money less readily available; don't play along with grandiose schemes; state reservations calmly and in a factual manner; encourage putting off major decisions

Over Activity

Description of Behavior	Causes	Strategies to Help
Inability to sleep; pacing; agitation: racing thoughts	Manic high; delusions	Provide feedback early to resident and case manager; decrease environmental stimulation; check medication compliance; encourage contact with case manager; encourage a normal sleep pattern

Sleep Disturbance

Description of Behavior	Causes	Strategies to Help
Difficulty falling asleep; frequent waking; early morning waking; sleeping excessively; unusual sleep schedule	Depression; anxiety; mania; poor sleep routine	Exercise regularly in late afternoon or early evening (not too late); eat light snack in evening; avoid large meals or too much protein; try to reduce caffeine and/or tobacco use; encourage resident to limit time in bed, to get up if they can't sleep; keep the bedroom for sleeping, not reading, eating and watching TV; use some form of relaxation i.e. a warm bath, listening to music

Refusal of Treatment

Description of Behavior	Causes	Strategies to Help
Serious mental health problems where the individual is unwilling or unable to request appropriate help	Denial of illness; lack of insight; fear	Early intervention, encourage treatment before a crisis occurs

Psychiatric Medications

Treatment Benefits of Medications

- Reduces voices, visions and talking to oneself
- Reduces false beliefs that are not shared by others
- Increases clear thinking and concentration
- Decreases strange, hostile or aggressive thoughts
- Increases coherent speaking and self expression
- Decreases tension and agitation, makes for calmer and more relaxed mood
- Person feels happier and healthier
- Person acts appropriately with less desire to laugh, cry or smile for no reason
- Prevents or delays relapse and rehospitalization
- Enables more effective learning, work, rehabilitation, therapy or school

Side Effects of Medications

Residents often experience side effects from their medications. Side effects can range from mild to severe reactions.

Mild Side Effect Reactions:

Side Effect	Suggestions
Eyes sensitive to strong light or sunlight	Wear sunglasses or hat; avoid prolonged exposure
Dryness of the lips and/or mouth	Increase fluid intake; rinse mouth often with water; keep hard candy or gum available
Occasional upset stomach	Drink small amount of clear soda water or milk; eat dry saltines or toast. Do not take antacids without doctor's permission
Mild difficulty urinating	Let water run in bathroom; run warm water over hands if possible
Occasional dizziness	Get up slowly from sitting or lying down position
Mild drowsiness	Take a brief rest period during the day; consult physician about switching daytime medications to bedtime
Dryness of skin	Use mild shampoo and soap; use hand and body lotion after each bath; wear seasonal protective clothing
Mild sunburn	Use calamine or other soothing lotion; use sun screen
Weight gain	Monitor diet and encourage exercise

Severe Side Effect Reactions:

Call the resident's doctor or case manager for any of the following severe side effects:

- Blurred vision
- Drooling
- Difficulty swallowing
- Body tremors or spasms
- Diarrhea
- Severe constipation
- Muscle rigidity/stiffness
- Anxiety or excitement
- Rash
- Skin discoloration
- Sexual difficulty
- Involuntary movements
- Drinking excessive fluids

Medical Abbreviations

o.d.	once daily
b.i.d.	two times a day
t.i.d.	three times a day
q.i.d.	four times a day
a.c.	before meals
p.c.	after meals
b\p	blood pressure
t.p.r.	temperature, pulse, respiration
h.s.	bedtime
caps.	capsules
elix.	elixir
fld.	fluid
gm.	gram
gr.	grain
gtt.	drop
o.h.	every hour
oz.	once
q.2.h	every two hours
q.3.h	every three hours
q.4.h	every four hours
ss.	half
c.c.	cubic centimetre
ml.	millilitre
prn	whenever necessary
i.m.	intramuscular

Saskatchewan Approved Private Homes Inc.

The Saskatchewan Approved Private Homes Inc. (SAPH) is a non-profit organization that includes both Community Living Division and Mental Health approved home operators. The organization lobbies the government for benefits and levels of care increases for the operators. This organization has six local branches that meet to discuss common concerns among operators. These concerns are taken to the provincial body which in turn approaches various agencies.

The role of SAPH is:

- to promote the development of approved homes;
- to advise the government agencies of the needs and requirements of approved homes;
- to lobby provincial and municipal boards, councils, commissions or committees on existing act, regulation, bylaws and policies affecting approved homes;
- to provide information, education and support for caregivers;
- to work in close cooperation with the appropriate agencies in seeking solutions to problems concerning the mentally ill, physically disabled, mentally challenged and senior population.

Section Eight

What Programs are Available for Residents of Mental Health Approved Homes?

There is a wide range of agencies, services and programs designed to support the rehabilitation of persons with psychiatric illness. Make a list of services in your area and try to get to know the individuals involved and the programs.

Residential Services

- _____
- _____
- _____
- _____

Psychiatric Rehabilitation Services

- _____
- _____
- _____
- _____

Medical Services

- _____
- _____
- _____
- _____

Financial Services

- _____
- _____
- _____
- _____

Vocational Services

- _____
- _____
- _____
- _____

Family Support Services

- _____
- _____
- _____
- _____

Social and Recreational

- _____
- _____
- _____
- _____

Senior Citizens

- _____
- _____
- _____
- _____

Office of Public Trustee

- _____
- _____
- _____
- _____

Emergency Services

- _____
- _____
- _____

Mental Health Approved Home Review Panel

- _____
- _____
- _____
- _____

Saskatchewan Approved Private Homes Inc.

- _____
- _____
- _____
- _____

APPENDIX A
TRUSTEE'S ACCOUNTING REPORT

RESIDENT'S NAME: _____

CAREGIVER'S NAME: _____

FROM: _____ **TO** _____, _____

Date	Description of Funds Received or Paid Out	Funds Received	Funds Paid Out	Funds on Hand
TOTALS				

I hereby certify that the above expenditures were made on behalf of the above-mentioned resident.

SIGNATURE OF CAREGIVER: _____